



STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 102793
 Permit No. _____
 Basin 129

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 58454

1. OWNER **David & Lynda Sugasa** ADDRESS AT WELL LOCATION **9605 Hwy 400**
 MAILING ADDRESS **18221 Church Rd Marengo, IL 60152** **Imlay, NV 89418**

2. LOCATION SE NE **E 1/2 Sec 42** **1/2 Sec 20 T31N/ R35E** Latitude **W118°03.84** UTM E NAD 27
 PERMIT/WAIVER NO. **008-560-48** Longitude **N40°32.799** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK PERFORMED New Well Replace Recondition Deepen Other
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Test Monitor Stock Well Type Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand		0	2	2
Cobles		2	15	13
Course Gravel 1"-3/4"		15	55	40
Black Rock & Gravel		55	175	120
Rock ledge		175	200	25
Fracture lost 158 gal mud		200	203	3
Rock ledge w/fracture		203	230	27
Hard Rock		230	305	75
Fracture Hard rock		305	310	5
Hard Rock		310	315	5
Clay w/cobble ledge		315	320	5
Clay w/cobble		320	330	10
Fractured Rock w/clay	X	330	350	20
Hard Rock		350	385	35
		385	390	5

9. WELL CONSTRUCTION
 Depth Drilled **390** Feet Depth Cased **390** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet **390** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	10	188	+1	390

Perforations:
 Type of perforation **Factory Cut**
 Size of perforation **3/32 x 4**
 From **350** feet to **390** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 50 to 390 Pumped Poured
 Type: **3/8"**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

N 40.546759
W 118.063028 NAD83
 Date started: **October 23, 20 06**
 Date completed: **October 27, 20 06**

7. Water Level
 Static water level: **290** feet below land surface
 Artesian Flow: **N/A** G.P.M. **N/A** P.S.I.
 Water Temperature: **cool** °F
 Quality: **Fair**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
17			5

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Fred Anderson Drilling, Inc.** (CONTRACTOR)
 Address **10760 S. Grass Valley Road** (CONTRACTOR)
Winnemucca, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board **21467**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2083**
 Signed _____
 By driller performing actual drilling on-site or contractor
 Date **October 30, 2006**